

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 579519

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	3		3			
6	3		3			
7	3		3			
8	3		3			
9	3		3			
10	①		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	①		1			
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50						
TOTAL IND.	1		1			
TOTAL DEP.	25	←	16	←		
TOTAL CLAIMS	26		17			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.		←		↓		
TOTAL CLAIMS				←		